

rec'd 9/18/20
no accounts

WRIT OF EXECUTION

United States District Court		DISTRICT Northern District of New York, Albany Division	
TO THE MARSHAL OF: Northern District of New York, Albany Division			
YOU ARE HEREBY COMMANDED, that of the goods and chattels, lands and tenements in your district belonging to:			
NAME Debra Henderson , with a physical address of 23891, N.Y.S. Route# 342, Watertown, NY 13601-5161; John Henderson , with a physical address of 1002 Courtland Lane, Archdale, NC 27263; and Boom Media LLC , with a former business address of 1002 Courtland Lane, Archdale, NC 27263.			
you cause to be made and levied as well a certain debt of:			
DOLLAR AMOUNT Judgment in the amount of \$3,333,000.00 in favor of the plaintiffs, DISH Network L.L.C. and NagraStar LLC			
Date of Judgment: May 19, 2020		Case No.: 5:19-CV-1310 (MAD/ATB)	
In the United States District Court for the Northern District of New York before the Judge of the said Court by the consideration of the same Judge lately recovered against the said, Debra Henderson, John Henderson and Boom Media LLC			
and also the costs that may accrue under this writ. And that you have above listed moneys at the place and date listed below; and that you bring this writ with you.			
PLACE U.S. District Court, James T. Foley U.S. Courthouse 445 Broadway, Suite 509		DISTRICT Northern District of New York, Albany Division	
CITY Albany, NY 12207		DATE September 10, 2020	
Witness the Honorable <i>[Signature]</i> U.S. District Judge (United States Judge)			
DATE September 10, 2020 <i>[Signature]</i> Clerk of Court		CLERK OF COURT John M. Domurad, Clerk (BY) DEPUTY CLERK s/Britney Norton	
RETURN			
DATE RECEIVED		DATE OF EXECUTION OF WRIT	
This writ was received and executed.			
U.S. MARSHAL		(BY) DEPUTY MARSHAL	

NO ACCOUNTS FOUND

[Signature]

Megan

OCT 02 2020

Carthage Federal Savings & Loan

“EXEMPTION NOTICE”

As required by New York Law

YOUR BANK ACCOUNT IS RESTRAINED OR “FROZEN”

The attached Restraining Notice or notice of Levy by Execution has been issued against your bank account. You are receiving this notice because a creditor has obtained a money judgment against you, and one or more of your bank accounts has been restrained to pay the judgment. A money judgment is a court's decision that you owe money to a creditor. You should be aware that FUTURE DEPOSITS into your account(s) might also be restrained if you do not respond to this notice.

You may be able to “vacate” (remove) the judgment. If the judgment is vacated, your bank account will be released. Consult an attorney (including free legal services) or visit the court clerk for more information about how to do this.

Under state and federal law, certain types of funds cannot be taken from your bank account to pay a judgment. Such money is said to be “exempt.”

Does Your Bank Account Contain Any Of The Following Types Of Funds?

- | | |
|--|---|
| 1. Social security; | 9. Disability benefits; |
| 2. Social security disability (SSD); | 10. Income earned in the last 60 days (90% of |
| 3. Supplemental security income (SSI); | which is exempt); |
| 4. Public assistance (welfare); | 11. Workers' compensation benefits; |
| 5. Income earned while receiving SSI or | 12. Child support; |
| public assistance; | 13. Spousal support or maintenance |
| 6. Veterans benefits; | (alimony); |
| 7. Unemployment insurance; | 14. Railroad retirement; and/or |
| 8. Payments from pensions and retirement | 15. Black lung benefits. |
| accounts; | |

If YES, you can claim that your money is exempt and cannot be taken.

To make the claim, you must:

- (a) complete the **EXEMPTION CLAIM FORM** attached;
- (b) deliver or mail the form to the bank with the restrained or “frozen” account; and
- (c) deliver or mail the form to the creditor or its attorney at the address listed on the form.

You must send the forms within 20 DAYS of the postmarked date on the envelope holding this notice. You may be able to get your account released faster if you send to the creditor or its attorney written proof that your money is exempt. Proof can include an award letter from the government, an annual statement from your pension, pay stubs, copies of checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt. If you send the creditor's attorney proof that the money in your account is exempt, the attorney must release that money within seven days. You do not need an attorney to make an exemption claim using the form.”

U.S. District Court, Northern District of New York

Court Case Number: 5:19-cv-01310-MAD-ATB

DISH NETWORK L.L.C. and
NAGRASTAR LLC

EXEMPTION CLAIM FORM

PLAINTIFF

V.

JOHN HENDERSON, DEBRA
HENDERSON and BOOM MEDIA LLC

DEFENDANT

_____x

ADDRESS A

Timothy M. Frank, Esq.
Hagan Noll & Boyle, LLC
Two Memorial Plaza
820 Gessner, Suite 940
Houston, TX 77024

ADDRESS B

Carthage Savings and Loan Association
146 Arsenal St.
Watertown, NY 13601

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice.

**If you have any documents, such as an award letter, an annual statement from your pension, paystubs, copies of checks or bank records showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I State That My Account Contains the following Type(s) of Funds (Check All That Apply):

- ☐ Social Security
- ☐ Social Security Disability (SSD)
- ☐ Supplemental Security Income (SSI)
- ☐ Public Assistance
- ☐ Wages While Receiving SSI or Public Assistance
- ☐ Veterans Benefits
- ☐ Unemployment Benefits
- ☐ Payments from Pensions and Retirement Accounts
- ☐ Income Earned in the Last 60 days (90% of which is Exempt)
- ☐ Child Support
- ☐ Spousal Support or Maintenance (Alimony)
- ☐ Workers' Compensation
- ☐ Railroad Retirement or Black Lung Benefits
- ☐ Other (Describe Exemption): _____

I Request that any correspondence to me regarding my claim be sent to the following address:

(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date

Signature of Judgment Debtor

U.S. District Court, Northern District of New York

Court Case Number: 5:19-cv-01310-MAD-ATB

DISH NETWORK L.L.C. and
NAGRASTAR LLC

EXEMPTION CLAIM FORM

PLAINTIFF

V.

JOHN HENDERSON, DEBRA
HENDERSON and BOOM MEDIA LLC

DEFENDANT

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- ☐ Child Support
- ☐ Spousal Support or Maintenance (Alimony)
- ☐ Workers' Compensation
- ☐ Railroad Retirement or Black Lung Benefits
- ☐ Other (Describe Exemption): _____

I Request that any correspondence to me regarding my claim be sent to the following address:

23891 WVS Route 342 Watertown NY 13601
(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Sept 25 2020
Date

Debra J. Johnson
Signature of Judgment Debtor

Form 1099-R

PAYER'S name, street address, city, state and ZIP code NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM 110 STATE STREET ALBANY NY 12244		
PAYER'S TIN 19	RECIPIENT'S TIN XXXXX0273	
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code DEBRA HENDERSON 23891 NYS RT 342 WATERTOWN NY 13601-5161		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>
Account number (see instructions) XXXXX0273 BS8153601 14076491		Date of payment

1 Gross distribution 26,176.56	OMB No. 1545-0119
2a Taxable amount 26,176.56	2019 Form 1099-R
2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>
3 Capital gain (included in Box 2a) 0.00	4 Federal income tax withheld 2,490.84
6 Net unrealized appreciation in employer's securities	7 Distribution code 7
9a Your percentage of total distribution	9b Total employee contributions 0.00
12 State tax withheld EXEMPT	13 State/Payer's state no. 69-0210001
15 Local tax withheld	16 Name of locality NY

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return. This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S name, street address, city, state and ZIP code NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM 110 STATE STREET ALBANY NY 12244		
PAYER'S TIN 19	RECIPIENT'S TIN XXXXX0273	
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code DEBRA HENDERSON 23891 NYS RT 342 WATERTOWN NY 13601-5161		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>
Account number (see instructions) XXXXX0273 BS8153601 14076491		Date of payment

1 Gross distribution 26,176.56	OMB No. 1545-0119
2a Taxable amount 26,176.56	2019 Form 1099-R
2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>
3 Capital gain (included in Box 2a) 0.00	4 Federal income tax withheld 2,490.84
6 Net unrealized appreciation in employer's securities	7 Distribution code 7
9a Your percentage of total distribution	9b Total employee contributions 0.00
12 State tax withheld EXEMPT	13 State/Payer's state no. 69-0210001
15 Local tax withheld	16 Name of locality NY

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S name, street address, city, state and ZIP code NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM 110 STATE STREET ALBANY NY 12244		
PAYER'S TIN 19	RECIPIENT'S TIN XXXXX0273	
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12 State tax withheld EXEMPT	13 State/Payer's state no. 69-0210001
15 Local tax withheld	16 Name of locality NY

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2019**

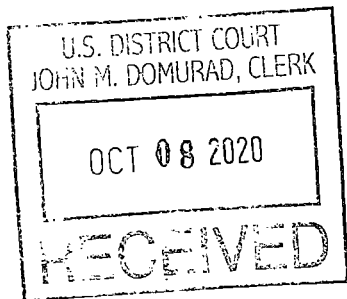
• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name DEBRA A HENDERSON		Box 2. Beneficiary's Social Security Number 6
Box 3. Benefits Paid in 2019 \$16,077.50	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$16,077.50
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$13,783.00 Medicare Part B premiums deducted from your benefits \$677.50 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$85.50 Voluntary Federal income tax withheld \$1,531.50 Total Additions \$16,077.50 Benefits for 2019 \$16,077.50		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld \$1,531.50
		Box 7. Address DEBRA A HENDERSON 23891 NY STATE RT 342 WATERTOWN NY 13601-5161
		Box 8. Claim Number (Use this number if you need to contact SSA.) 119-44-0813D



313 STATE STREET
CARTHAGE, NY 13619

FORWARDING SERVICE REQUESTED



SCANNED

NEOPOST

FIRST-CLASS MAIL

10/06/2020

US POSTAGE \$000.65

ZIP 13619
041M11464316

US District Court
James T Foley US
Courthouse 445 Broadway Suite 509
Albany NY 12207

1220732948 CO12

